# TB Outbreak Response Plan

# **Purpose**

The purpose of this plan is to ensure adequate and timely responses to TB outbreaks by outlining the roles of the Utah Department of Health, Bureau of Communicable Disease Control (BCDC), and Local Health Departments (LHD). These actions will include TB outbreak evaluation and management, especially in low morbidity areas in Utah with inadequate staffing or expertise to appropriately respond without assistance. The goal of this plan is to prevent the potential TB transmission in schools, workplaces, or community settings. Indications for executing the outbreak plan include: when the observed rate of TB disease in a geographical area exceeds the normal (endemic) rate, or a single case of unusual (e.g. multi-drug resistant) TB.

#### Indications for CDC Notification

Indications for notifying CDC: any outbreaks discovered within Utah and those areas at high risk for outbreak within close proximity to neighboring states.

Procedure for notifying CDC: area CDC consultant will be notified of outbreak within 24 hours of determination of outbreak by the program manager or BCDC Bureau Director.

Indications for requesting assistance from CDC: CDC will be asked for assistance with the outbreak only after all effective Utah State resources have been accessed.

#### Surveillance

TB data is reviewed as reported and on weekly and monthly basis. The number of case reports is compared to those from previous time periods to assess if the program is on target to meet the TB Control and Refugee Health Program objectives for the year, and to detect any unusual increases or decreases in morbidity. The data is characterized by sex, age, race, and geographical location.

#### **Declaration of an Outbreak**

The manager of the TB Control/Refugee Health Program, after consultation with the BCDC Bureau Director and Local Health Officer, will declare an outbreak when the endemic levels have been exceeded.

## **Responsible Parties and Primary Responsibilities**

### **Local Health Departments**

The LHD have primary responsibility for investigating both cases and outbreaks of TB within their jurisdiction and will:

 Keep a log of all TB cases and report them according to R388-804-3 (required reporting rules) and regularly review local morbidity in order to recognize trends that may suggest that an outbreak is occurring.

- Keep BCDC informed of each investigation and proposed public communications. Local Health Officers are responsible for this action.
- Collect preliminary information on outbreaks and report to the BCDC by telephone within 24 hours following the recognition of an outbreak.
- Initiate investigation of possible outbreaks within 24 hours of reporting the incident to the BCDC and include appropriate testing and interventions.
- The collection, preparation, handling and shipping of specimens are the responsibility of the LHD and must be carried out in a manner that will assure the integrity of the specimens and support testimony that the sample examined was the same sample collected. The Utah Department of Health (UDH), Bureau of Microbiology, State Public Health Laboratory will be notified of the need for analytical services and a preliminary sampling schedule established.
- If the LHD finds it is not able to completely comply with R386-702 (Communicable Disease Rule), the assistance of the BCDC will be requested by the local health officer.
- Follow-up of index case contacts for latent TB infection will be conducted by the LHD and the results reported to the BCDC.

### The BCDC

The BCDC will coordinate and/or conduct the investigation of outbreaks involving multiple jurisdictions, or which would otherwise represent a statewide threat.

- The BCDC will report outbreaks to the local health officer as soon as possible.
   Outbreaks received by the BCDC during holidays, weekends, and after working hours will be reported to the local health officer on the next working day unless an emergency response is appropriate.
- The BCDC will notify other local health departments about outbreaks occurring in an area that may impact other parts of the state or create media interest.
- Ensure the availability of tuberculin skin testing materials and medications.
   The Utah Department of Health, Bureau of Microbiology

The Division of Epidemiology and Laboratory Services, State Public Health Laboratory will:

- Conduct routine and specialized testing
- Provide collection kits and test request forms for clinical specimens as needed.
- Analyze samples using FDA-approved methods

Report results to the LHD coordinating the investigation and to the BCDC.

#### **Allocation of Resources**

### Medications and radiographs

If outbreak control requires additional medications and radiographs for treatment of cases and contacts, the following steps will be taken:

- All requests will routed through the LHD
- BCDC will notify local pharmacies and establish baseline inventory levels
- All TB medications will be provided without charge by BCDC
- All requests for radiographs will be coordinated through the LHD
- BCDC may provide limited funding to assist with radiograph expenses
- All TB treatment will be provided using ATS/CDC guidelines

#### Staff

Whenever local health departments are not able to adequately respond to an outbreak due to lack of personnel, they shall immediately contact the BCDC. The BCDC will draw staff from their program and from the following agencies as needed:

HIV/AIDS Surveillance Program
HIV/AIDS Treatment and Care Program
HIV/AIDS Counseling and Testing Program
Sexually Transmitted Disease Control Program
Communicable Disease Control Program

The BCDC Manager may also request assistance from CDC as needed.

### The Outbreak Investigation

The following steps will be taken each time an outbreak is determined to be occurring:

- The LHD will assign a lead investigator.
- The BCDC will assign a staff member to be the state-level contact.
- The LHD will confirm the diagnosis of TB according to R388-804-2 (TB definition rule) and arrange for treatment based on CDC and ATS guidelines.
- The LHD will define the scope of the outbreak in terms of person, time, and place.
- The LHD in partnership with BCDC, Utah State Laboratories and others as needed will analyze the data collected in order to identify a probable cause of

the outbreak.

- The LHD and BCDC will assign media contacts and notify the Public Information Officer of the assignments.
- The LHD will establish and implement control measures based upon findings from data and laboratory analysis, and contact investigations.
- The LHD will monitor effectiveness of their interventions.

# **Updating the Outbreak Control Plan**

After each outbreak incident, the Director of the BCDC will solicit comments on the outbreak control plan from all involved parties and make modifications as needed.

### **Reports**

The LHD investigating an outbreak will prepare the final report and send it to BCDC and agencies as appropriate within thirty (30) days of the initial contact investigation and as cohorts complete therapy for LTBI or ATBD.